

**NC DIVISION MH/DD/SAS
2012 CAP-I/DD SERVICES AUDIT
WAIVER TOOL**

PROVIDER NAME:		AUDIT DATE:	
PROVIDER #:		NAME:	
CONTROL #:		DOB/AGE:	
MEDICAID #:		WAIVER:	
RECORD #:		PC PLAN DATE:	
SERVICE(S) PROVIDED:		PROVIDER RESPONSIBLE FOR PLAN:	
ACCREDITING BODY:			
RATING CODES:	O = No 2 = partially met 4 = Yes 9 = NA Questions 1-9 are Yes/No; Questions 10-13 are Likert (See Instructions)		RATING
1. Was the MR2 signed by the appropriate individuals?			
2. Does the MR2 indicate a diagnosis of I/DD?			
3. Is there a Psychological Evaluation present in the medical record?			
4. Was the CNR process completed by the end of the individual's birth month?			
5. Are all fields completed on the Cost Summary?			
6. Was the PCP signed by the individual/LRP indicating they were given a choice between an ICF-MR service and Waiver services?			
7. Was the PCP signed by the Individual/LRP indicating they were given a choice of providers?			
8. Is there a backup plan either in the PCP or Crisis Plan?			
9. Is there evidence of a medication review every 6 months by the pharmacy or physician?			
10. Was the Risk Identification Tool completed?			
11. Does the PCP include strategies to address health and safety risks identified in the Risk Identification Tool?			
12. Does the PCP reflect the assessed needs and preferences of the individual?			
13. Was a Crisis Plan completed?			
COMMENTS:			
AUDITOR:			LME: